

# **2004 NATIONAL CRIME VICTIMS' RIGHTS WEEK (NCVRW)**

**April 18-24, 2004  
Community Awareness Projects**



**Fax to NCVRW Committee at (202) 514-6383 or (202) 305-2440  
by December 5, 2003.**

## **NCVRW PROPOSAL APPLICATION**

Full Name of Applicant \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Telephone Number (    ) \_\_\_\_\_

FAX Number (    ) \_\_\_\_\_

E-Mail \_\_\_\_\_

## **PROPOSAL COMPONENTS**

**ORGANIZATION'S MISSION STATEMENT:**

If you require additional space, attach additional pages.

**BACKGROUND INFORMATION ABOUT THE ORGANIZATION/COALITION:**

If you require additional space, attach additional pages.

**DESCRIPTION OF PLANNED NCVRW ACTIVITIES AND INTENDED USE OF FUNDS:**

If you require additional space, attach additional pages.

**DESCRIPTION OF COMMUNITY COLLABORATION, CO-SPONSORS, AND  
DOCUMENTATION OF FINANCIAL COMMITMENTS FROM OTHER SOURCES  
FOR PROPOSED NCVRW ACTIVITIES:**

If you require additional space, attach additional pages.

**STATEMENT OF NEED:**

If you require additional space, attach additional pages.

**BUDGET:**

If you require additional space, attach additional pages.

**Fax Completed Form to OVC:       (202) 514-6383**  
**(202) 305-2440**

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**CERTIFICATION**

The organization's authorized representative must sign below; otherwise the application will not be accepted for consideration.

\_\_\_\_\_  
Applicant's Name (PRINTED)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

